

MARYLAND STATE DEPARTMENT OF HEALTH

3683

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY <u>Charles</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Charles</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Pisgah</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Pisgah</u>	
TOWN <u>Pisgah</u>		TOWN <u>Pisgah</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>-</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Ada</u> (First) <u>Dunnington</u> (Middle) <u>-</u> (Last)		4. DATE OF DEATH <u>April 14</u> 19 <u>51</u> (Month) (Day) (Year)	
5. SEX <u>female</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>-</u>	8. DATE OF BIRTH <u>? 1892</u>
9. AGE last birthday <u>59?</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Pisgah, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Luck Henson</u>		14. MOTHER'S MAIDEN NAME <u>Annie Penny</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY No. <u>-</u>	
17. INFORMANT AND ADDRESS <u>Marcellus Dunnington, Pisgah, Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cardio-vascular accident

INTERVAL BETWEEN ONSET AND DEATH

3 hours

Antecedent cause(s)

(b) Hypertension, senile sclerosisyears

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) Congestive failure20 daysII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>none</u>		PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>INJURY</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 21 March 1951, to 14 April 1951, that I last saw the deceased alive on 13 April 1951, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

J. Wooddy. M.D.La Plata, Md.14 April '51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>4/17/51</u>	NAME OF CEMETERY OR CREMATORY <u>St. Charles</u>	LOCATION (City, town, or county) <u>Shymont, Md</u>	(State)
DATE REC'D BY LOCAL REG. <u>4/16/51</u>		REGISTRAR'S SIGNATURE <u>Julia H. Gasey</u>	24. FUNERAL DIRECTOR <u>Genny + Cofer, Mason Springs, Md</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
APR 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3684

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY <u>Charles</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Charles</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Welcome</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>—</u>		STREET ADDRESS (If rural, give location) <u>Ferguson farm, Welcome, Md</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>ELIZABETH</u>	(Middle) <u>ROSE</u>	(Last) <u>FERGUSON</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>24</u>	(Year) <u>1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>U.S. W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>24 July 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>75</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Charles Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Henry (R) Roberts</u>		14. MOTHER'S MAIDEN NAME <u>Sara Jane Lyon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>son, Merrill Ferguson.</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary Thrombosis</u>	<u>2 min</u>
Antecedent cause(s) (b) <u>Senile Arteriosclerosis</u>	<u>4 years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>—</u>	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u> m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>—</u>

22. I hereby certify that I attended the deceased from....., 1947., to 24 April, 1951., that I last saw the deceased alive on 23 April, 1951., and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE S. Wooddy M.D. ADDRESS La Plata, Md. DATE SIGNED 24 April 51.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE <u>4-26-51</u>	NAME OF CEMETERY OR CREMATORY <u>mt Rest</u>	LOCATION (City, town, or county) (State) <u>La Plata Md</u>
DATE REC'D BY LOCAL REG. <u>4/25/51</u>	REGISTRAR'S SIGNATURE <u>Julia H. Vasey</u>	24. FUNERAL DIRECTOR <u>St. Ann's & Ryan</u>	ADDRESS <u>St. Ann's & Ryan</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 26 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3685

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY <u>Charles</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Charles</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Connetquot - La Plata</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Mayland Point</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Roy</u>	(Middle) <u>Randall</u>	(Last) <u>Silroy</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>6</u>	(Year) <u>1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>	8. DATE OF BIRTH <u>March 30, 1951</u>
9. AGE last birthday		If under 1 year	If under 24 hrs.
		Months <u>7</u>	Days <u>7</u> Hours <u>11</u> Min. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<u>Infant</u>			
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Md. Point, Md.</u>		<u>USA</u>	
13. FATHER'S NAME <u>Maynard M. Silroy</u>		14. MOTHER'S MAIDEN NAME <u>Bella Fay Rogers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
(If yes, give war or dates of service)			
17. INFORMANT AND ADDRESS <u>Maynard M. Silroy</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
571.0 Immediate cause (a) <u>Cerebral Hemorrhage</u>		<u>12 hours</u>
119a Antecedent cause(s) (b) <u>Gastro-Enteritis, Severe</u>		<u>5 days</u>
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE John N. Griffin, M.D. ADDRESS 1 Hughesville DATE SIGNED 4/6/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>4/7/51</u>		<u>Chesapeake, Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>4/6/51</u>	<u>Julius H. Carey</u>	<u>Hunt & Ryan, Waldorf Md.</u>	

40-330-1-31-4-40 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

3686

1. PLACE OF DEATH COUNTY <i>Charles</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Md.</i> COUNTY <i>Char.</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Mt. Victoria</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Mt. Victoria</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <i>Zachariah</i> (First) (Middle) (Last) <i>Hilton</i>		4. DATE OF DEATH <i>April 25</i> 19 <i>51</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Cal.</i>	7. SINGLE, MARRIED, WIDOWED , DIVORCED, (Specify)	8. DATE OF BIRTH <i>4-4-1932</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	9. AGE last birthday <i>19</i> yrs. If under 1 year If under 24 hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <i>Mt. Victoria Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John Hilton</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Ford</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY No. <i>220-28-7307</i>	
17. INFORMANT AND ADDRESS <i>John Hilton, Mt. Victoria Md</i>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <i>Pneumonia & embolism</i>		<i>4-25-51</i>
Antecedent cause(s) (b) <i>830.1</i>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>175a</i>	<i>Fractured left femur - nailed</i>	<i>3-28-51</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <i>accident</i>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>Farm</i>		(CITY OR TOWN) (COUNTY) (STATE) <i>Mt. Victoria Char Md.</i>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>3-27-51</i> m.		INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR? <i>Run over by tractor</i>	
22. I hereby certify that I attended the deceased from <i>3-27</i> , 19 <i>51</i> , to <i>4-25</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3-28</i> , 19 <i>51</i> , and that death occurred at <i>7 P</i> m., from the causes and on the date stated above.					
SIGNATURE <i>E. Redelen M.D.</i>		(Degree or title)		DATE SIGNED <i>4-27-51</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE <i>4-28-51</i>		NAME OF CEMETERY OR CREMATORY <i>Holy Ghost</i>	
LOCATION (City, town, or county) (State) <i>Issene Md.</i>		24. FUNERAL DIRECTOR <i>Dunth & Ryan, Walling Md</i>		ADDRESS	
DATE REC'D BY LOCAL REG. <i>4/27/51</i>		REGISTRAR'S SIGNATURE <i>Julia H. Casey</i>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

820105

RECEIVED
APR 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Charles</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Charles</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>La Plata</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Tomahsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Physicians Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>John</u> (First) <u>CLARENCE</u> (Middle) <u>JACKSON</u> (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 8 1951</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb. 14 1866</u>
9. AGE last birthday <u>85</u> yrs.		10. If under 1 year Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Merchandise</u>	
11. BIRTHPLACE (State or foreign country) <u>Charles Co. Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Jackson</u>		14. MOTHER'S MAIDEN NAME <u>Mollie Jamison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Sanhston Jackson</u>			
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(a) Immediate cause <u>Cerebral Hemorrhage</u>		<u>4-1-51</u>	
(b) Antecedent cause(s) <u>Hypertensive Heart Disease</u>		<u>2-10-49</u>	
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-10-49</u> , 19 <u>49</u> , to <u>4-8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-8</u> , 19 <u>51</u> , and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>E. J. Redelen H.D.</u> (Degree or title)		ADDRESS <u>La Plata Md</u> DATE SIGNED <u>4-10-51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>4/10/51</u>	
NAME OF CEMETERY OR CREMATORY <u>Holy Ghost</u>		LOCATION (City, town, or county) (State) <u>La Plata Md</u>	
DATE REC'D BY LOCAL REG. <u>4/10/51</u>		REGISTRAR'S SIGNATURE <u>Julia H. Vanez</u>	
24. FUNERAL DIRECTOR <u>Houtt & Byron Waldorf Md</u>		ADDRESS <u>290 699</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK.

RECEIVED

APR 12 1968

BUREAU W.S.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3688
105

1. PLACE OF DEATH- COUNTY <i>Charles</i>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Mo</i> COUNTY <i>Charles</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Spring Hill Mo</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Spring Hill Md</i>	
HOSPITAL OR INSTITUTE OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <i>Rural</i>	
3. NAME OF DECEASED (Type or Print) <i>Rose</i>		4. DATE OF DEATH (Month) <i>4</i> (Day) <i>-1</i> (Year) <i>1951</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE , MARRIED , WIDOWED , DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan 1 - 1885</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	9. AGE last birthday <i>66</i> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <i>Charles Md</i>		12. CITIZENSHIP OF WHAT COUNTRY <i>U.S.A</i>	
13. FATHER'S NAME <i>Columbus Harris</i>		14. MOTHER'S MAIDEN NAME <i>Catherine</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY No. <i>700</i>	
17. INFORMANT AND ADDRESS <i>Rosalie Walters Daughter</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *CORONARY THROMBOSIS*

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) *HYPERTENSION - VASCULAR DISEASE*

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *3-30*, 19*51*, to *4-1*, 19*51*, that I last saw the deceased alive on *4-1*, 19*51*, and that death occurred at *4 P* m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION OR OTHER DISPOSITION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

3689

1. PLACE OF DEATH: COUNTY <u>Charles</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>md</u> COUNTY <u>Charles</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>La Plata Md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>La Plata md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>John</u> (First) <u>Matthews</u> (Last)		4. DATE OF DEATH (Month) <u>4</u> (Day) <u>29</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Aug 2-1860</u>
9. AGE last birthday <u>90</u> yrs.		10. If under 1 year: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
11. USUAL OCCUPATION (Give kind of work the deceased most of working life, even if retired) <u>Ret. Farmer</u>		12. CITIZENSHIP (State or foreign country) <u>USA</u>	
13. FATHER'S NAME <u>William Bruce Matthews</u>		14. MOTHER'S MAIDEN NAME <u>Hannie Truman Darset</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>NO</u>	
17. INFORMANT AND ADDRESS <u>Bruce Matthews</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

331X

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a)

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH
3-2-51
4-28-51

1948

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3-2, 1951, to 4-29, 1951, that I last saw the deceased alive on 4-28, 1951, and that death occurred at 8 A.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100105

RECEIVED
MAY 3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY <i>C Charles</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>md</i> COUNTY <i>Chas</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Annapolis md</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Pomfret md</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Physc Menz Hospital</i>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <i>Richard</i> (First) (Middle) (Last) <i>Moore</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>4-26 1951</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>May 17-1871</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Schauffen</i>	9. AGE last birthday <i>79</i> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <i>White Plains N.Y.</i>		12. CITIZENSHIP OF WHAT COUNTRY <i>USA</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT AND ADDRESS <i>Lawrence Moore Son</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33X Immediate cause (a) *Cerebral Hemorrhage*Antecedent cause(s) (b) *Sen. Art. Sclerosis*

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

4-25-51

1948

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐ (STATE)

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *1948*, 19....., to *4-26*, 1951, that I last saw the deceased alive on *4-26*, 1951, and that death occurred at *11:10 P.m.* from the causes and on the date stated above.

SIGNATURE *R. E. deLen N.Y.*

(Degree or title)

ADDRESS *Laurens md*DATE SIGNED *4-27-51*

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <i>April 30-51</i>	NAME OF CEMETERY OR CREMATORY <i>Bedon Hill</i>	LOCATION (City, town, or county) <i>Laurens md</i>	(State) <i>md</i>
DATE REC'D BY LOCAL REG. <i>4/27/51</i>	REGISTRAR'S SIGNATURE <i>Julius H. Vasey</i>	24. FUNERAL DIRECTOR <i>Smith & Son</i>	ADDRESS <i>Laurens md</i>	

MARGIN RESERVED FOR BINDING

VS. A157

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 30 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3691

Reg. Dist. No. 100

1. PLACE OF DEATH COUNTY <u>CHARLES</u> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>CHARLES</u>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>LA PLATA</u>				CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>WALDORF</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>PHYSICIANS' MEMORIAL HOSPITAL LA PLATA, MARYLAND</u>				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First) <u>RANDOLPH</u>		(Middle) <u>LEE</u>		(Last) <u>PICKERALL</u>	
4. DATE OF DEATH		(Month) <u>APRIL</u>		(Day) <u>13</u>		(Year) <u>1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE-US</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 18, 1912</u>	9. AGE last birthday <u>38</u> yrs.	If under 1 year Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>TRACTOR AND FARM MACHINERY</u>			11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13. FATHER'S NAME <u>ARTHUR PICKERALL</u>				
14. MOTHER'S MAIDEN NAME <u>MAZIE PICKERALL</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>				
16. SOCIAL SECURITY No. <u>DEC. 1942 to DEC. 1945</u>			17. INFORMANT AND ADDRESS <u>J. OWEN PICKERALL; BRANDYWINE, MD.</u>				
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) <u>CORONARY THROMBOSIS, ACUTE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 HOURS</u>			
Antecedent cause(s) (b) <u>420.1</u>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>940</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/13</u> , 19 <u>51</u> , to <u>4/13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/13</u> , 19 <u>51</u> , and that death occurred at <u>8:30</u> A.M., from the causes and on the date stated above.							
SIGNATURE <u>John N. Griffin</u>		(Degree or title) <u>M.D.</u>		ADDRESS <u>Hughesville, Md.</u>		DATE SIGNED <u>4/13/51</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE <u>4/16/51</u>		NAME OF CEMETERY OR CREMATORY <u>Arlington National</u>		LOCATION (City, town, or county) (State) <u>Arlington Va</u>	
DATE REC'D BY LOCAL REG. <u>4/13/51</u>		REGISTRAR'S SIGNATURE <u>John H. Pacey</u>		24. FUNERAL DIRECTOR <u>Hunt & Koon</u>		ADDRESS <u>Waldorf Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

550356

RECEIVED

APR 16 1961

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3692

2411 N. Charles Street, Baltimore

Item #9:

FILM NO. G 152 APR 30 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY <i>Charles</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>MD</i> COUNTY <i>Charles</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>La Plata MD</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>La Plata MD</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <i>George</i> (Middle) <i>Shivell</i> (Last) <i>Shivell</i>	4. DATE OF DEATH (Month) <i>April</i> (Day) <i>13</i> (Year) <i>1951</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>negr</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <i>Oct 23-1891</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	9. AGE last birthday <i>58</i> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <i>Newburg MD</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13. FATHER'S NAME <i>Edmond Shivell</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Jackson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>yes</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <i>Louise Shivell</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <i>Cerebral Hemorrhage</i>	<i>4-13-51</i>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <i>Hypertensive Heart Disease</i>	<i>1949</i>
	(c) <i>Gen. Art. Sclerosis</i>	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1949*, to *4-13-51*, that I last saw the deceased alive on *4-10-51*, and that death occurred at *10 A* m. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <i>April 15-51</i>	NAME OF CEMETERY OR CREMATORY <i>McE. Russell</i>	LOCATION (City, town, or county) <i>La Plata MD</i>	(State)
DATE REC'D BY LOCAL REG. <i>4/15/51</i>	REGISTRAR'S SIGNATURE <i>Julius H. Bailey</i>	24. FUNERAL DIRECTOR <i>Hunt & Ryan</i>	ADDRESS <i>Waco MD</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

820105

RECEIVED
APR 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3693

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH COUNTY <u>Chas</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Chas</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Beltz</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Beltz</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>On rd. to Chapel Point</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>MATTIE</u> (Middle) <u>MADALIN</u> (Last) <u>SMITH WOOD</u>	4. DATE OF DEATH (Month) <u>4</u> (Day) <u>18</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>JUNE 9 1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>ret. family</u>	9. AGE last birthday <u>46</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Mln.
11. BIRTHPLACE (State or foreign country) <u>CHARLES CO.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>MISES BRISCOE</u>		14. MOTHER'S MAIDEN NAME <u>LIZA HAWKINS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>no</u> (If year, give year and dates of service)		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>John Smalwood</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
18. MEDICAL CERTIFICATION		
Immediate cause (a) <u>Uremia</u>		
Antecedent cause(s) (b) <u>Hypertension</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>132</u>		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4/10, 1951, to 4/18, 1951, that I last saw the deceased alive on 4/17, 1951, and that death occurred at 1:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard F. Daly, M.D. ADDRESS La Plata, Md. DATE SIGNED 4/18/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>April 20, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	LOCATION (City, town, or county) <u>Laurel</u>	(State) <u>Md</u>
DATE REC'D BY LOCAL REG <u>4-19-51</u>	REGISTRAR'S SIGNATURE <u>M. S. Howard</u>	24. FUNERAL DIRECTOR <u>Annitt & Ryan</u>	ADDRESS <u>Waldorf Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DATE 4-20-37
COPIES SENT TO LOCAL BUREAUS AND
S

RECEIVED
APR 20 1937
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3694/105

1. PLACE OF DEATH- COUNTY <u>CHARLES</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>CHARLES</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>BENEDICT</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>BENEDICT</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>MARY</u>	(Middle) <u>EDITH</u>	(Last) <u>WHITE</u>
4. DATE OF DEATH	(Month) <u>APRIL</u>	(Day) <u>18</u>	(Year) <u>1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUCASIAN-US</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>June 21-1881</u>
9. AGE last birthday <u>69</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William H White</u>		14. MOTHER'S MAIDEN NAME <u>Mary Marguerite Gansley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY No. <u> </u>	
17. INFORMANT <u>Harry Williams</u>		18. MEDICAL CERTIFICATION	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>ARTERIO-SCLEROTIC CARDIO-RENAL DISEASE (RENAL FAILURE)</u>		<u>12 MONTHS</u>
Antecedent cause(s) (b) <u>GENERALIZED ARTERIO-SCLEROSIS</u>		<u>5 YEARS</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>FIBROID TUMORS, UTERUS</u>		<u>UNKNOWN.</u>
19a. DATE OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 12, 1950, to APRIL 18, 1951, that I last saw the deceased alive on APRIL 12, 1951, and that death occurred at 4:05 P.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, M.D. ADDRESS Hughesville, Charles Co. DATE SIGNED 4/18/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>April 18-51</u>	NAME OF CEMETERY OR CREMATORY <u>St Paul</u>	LOCATION (City, town, or county) (State) <u>Wishwood Md</u>
DATE REC'D BY LOCAL REG. <u>4-19-51</u>	REGISTRAR'S SIGNATURE <u>M. L. Moore</u>	24. FUNERAL DIRECTOR <u>Wm. H. & R. M. Waldorf</u>	ADDRESS <u> </u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

COPY SENT TO LOCAL REPLICATOR NO. 5 DATE 4-20-57

RECEIVED

APR 20 1957

BUREAU V. S.